

Fill in this information to identify your case:

Debtor 1	<b>Jennifer M Moser</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF ILLINOIS</b>		
Case number:			
(If known)			

☐ Check if this is an amended plan, and list below the sections of the plan that have been changed.

\_\_\_\_\_

## Official Form 113

## Chapter 13 Plan

12/17

## Part 1: Notices

**To Debtor(s):** This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.

*In the following notice to creditors, you must check each box that applies*

**To Creditors:** Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance. **Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.**

1.1	A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.2	Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.3	Nonstandard provisions, set out in Part 8.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included

## Part 2: Plan Payments and Length of Plan

**2.1 Debtor(s) will make regular payments to the trustee as follows:**

**\$890** per **Month** for **60** months

*Insert additional lines if needed.*

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.

**2.2 Regular payments to the trustee will be made from future income in the following manner.**

*Check all that apply:*

- ☐ Debtor(s) will make payments pursuant to a payroll deduction order.  
☒ Debtor(s) will make payments directly to the trustee.  
☐ Other (specify method of payment):

**2.3 Income tax refunds.**

*Check one.*

- ☒ Debtor(s) will retain any income tax refunds received during the plan term.

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- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.
- ☐ Debtor(s) will treat income refunds as follows:

**2.4 Additional payments.**

*Check one.*

- ☒ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

**2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is \$53,400.00.**

**Part 3: Treatment of Secured Claims**

**3.1 Maintenance of payments and cure of default, if any.**

*Check one.*

- ☒ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.

**3.2 Request for valuation of security, payment of fully secured claims, and modification of undersecured claims. *Check one.***

- ☒ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

**3.3 Secured claims excluded from 11 U.S.C. § 506.**

*Check one.*

- ☐ **None.** If "None" is checked, the rest of § 3.3 need not be completed or reproduced.
- ☒ The claims listed below were either:

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
<b>Bank Of The West</b>	<b>2017 Ford Mustang 30,000 miles Valued via KBB on 10/8/18</b>	<b>\$43,303.00</b>	<b>0.00%</b>	<b>\$830.00</b>	<b>\$0.00</b>

Disbursed by:  
☐ Trustee  
☒ Debtor(s)

*Insert additional claims as needed.*

**3.4 Lien avoidance.**

*Check one.*

- ☒ **None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

**3.5 Surrender of collateral.**

*Check one.*

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☒ None. If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

**Part 4: Treatment of Fees and Priority Claims**

**4.1 General**

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

**4.2 Trustee's fees**

Trustee's fees are governed by statute and may change during the course of the case but are estimated to be 10.00% of plan payments; and during the plan term, they are estimated to total \$5,340.00.

**4.3 Attorney's fees.**

The balance of the fees owed to the attorney for the debtor(s) is estimated to be \$4,000.00.

**4.4 Priority claims other than attorney's fees and those treated in § 4.5.**

Check one.

☒ None. If "None" is checked, the rest of § 4.4 need not be completed or reproduced.

**4.5 Domestic support obligations assigned or owed to a governmental unit and paid less than full amount.**

Check one.

☒ None. If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

**Part 5: Treatment of Nonpriority Unsecured Claims**

**5.1 Nonpriority unsecured claims not separately classified.**

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply.*

☐ The sum of \$ \_\_\_\_\_.

☒ 100.00 % of the total amount of these claims, an estimated payment of \$ 43,556.00.

☒ The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$37.50. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

**5.2 Maintenance of payments and cure of any default on nonpriority unsecured claims. Check one.**

☐ None. If "None" is checked, the rest of § 5.2 need not be completed or reproduced.

☒ The debtor(s) will maintain the contractual installment payments and cure any default in payments on the unsecured claims listed below on which the last payment is due after the final plan payment. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. The claim for the arrearage amount will be paid in full as specified below and disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Current installment payment	Amount of arrearage to be paid	Estimated total payments by trustee
<u>Navient</u>	<u>\$204.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
	Disbursed by:		
	<input type="checkbox"/> Trustee		
	<input checked="" type="checkbox"/> Debtor(s)		
<u>US Dept of Ed/Great Lakes</u>	<u>\$371.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
	Disbursed by:		
	<input type="checkbox"/> Trustee		
	<input checked="" type="checkbox"/> Debtor(s)		

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*Insert additional claims as needed.*

**5.3 Other separately classified nonpriority unsecured claims. Check one.**

☒ **None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

**Part 6: Executory Contracts and Unexpired Leases**

**6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.**

☒ **None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.

**Part 7: Vesting of Property of the Estate**

**7.1 Property of the estate will vest in the debtor(s) upon**

*Check the applicable box:*

☐ plan confirmation.

☒ entry of discharge.

☐ other: \_\_\_\_\_

**Part 8: Nonstandard Plan Provisions**

**8.1 Check "None" or List Nonstandard Plan Provisions**

☒ **None.** If "None" is checked, the rest of Part 8 need not be completed or reproduced.

**Part 9: Signature(s):**

**9.1 Signatures of Debtor(s) and Debtor(s)' Attorney**

*If the Debtor(s) do not have an attorney, the Debtor(s) must sign below, otherwise the Debtor(s) signatures are optional. The attorney for Debtor(s), if any, must sign below.*

X /s/ Jennifer M Moser  
Jennifer M Moser  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Executed on October 29, 2018

Executed on \_\_\_\_\_

X /s/ David H. Cutler  
David H. Cutler  
Signature of Attorney for Debtor(s)

Date October 29, 2018

**By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.**

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### **Exhibit: Total Amount of Estimated Trustee Payments**

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

a. Maintenance and cure payments on secured claims <i>(Part 3, Section 3.1 total)</i>	<u>\$0.00</u>
b. Modified secured claims <i>(Part 3, Section 3.2 total)</i>	<u>\$0.00</u>
c. Secured claims excluded from 11 U.S.C. § 506 <i>(Part 3, Section 3.3 total)</i>	<u>\$0.00</u>
d. Judicial liens or security interests partially avoided <i>(Part 3, Section 3.4 total)</i>	<u>\$0.00</u>
e. Fees and priority claims <i>(Part 4 total)</i>	<u>\$9,650.00</u>
f. Nonpriority unsecured claims <i>(Part 5, Section 5.1, highest stated amount)</i>	<u>\$43,556.00</u>
g. Maintenance and cure payments on unsecured claims <i>(Part 5, Section 5.2 total)</i>	<u>\$0.00</u>
h. Separately classified unsecured claims <i>(Part 5, Section 5.3 total)</i>	<u>\$0.00</u>
i. Trustee payments on executory contracts and unexpired leases <i>(Part 6, Section 6.1 total)</i>	<u>\$0.00</u>
j. Nonstandard payments <i>(Part 8, total)</i>	<u>\$0.00</u>
	+
<b>Total of lines a through j</b>	<b>\$53,206.00</b>

**Certificate of Notice Page 6 of 6**  
 United States Bankruptcy Court  
 Northern District of Illinois

In re:  
 Jennifer M Moser  
 Debtor

Case No. 18-30235-LAH  
 Chapter 13

**CERTIFICATE OF NOTICE**

District/off: 0752-1

User: lmendoza  
 Form ID: pdf001

Page 1 of 1  
 Total Noticed: 21

Date Rcvd: Oct 30, 2018

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Nov 01, 2018.

db  
 27251179 +Jennifer M Moser, 1815 Allcott Court, Schaumburg, IL 60193-3407  
 27251178 +AMITA HEALTH, c/o Bankruptcy, 3040 W. Salt Creek Lane, Arlington Heights, IL 60005-1069  
 27251181 +Amex, Correspondence/Bankruptcy, Po Box 981540, El Paso, TX 79998-1540  
 27251181 ++BANK OF AMERICA, PO BOX 982238, EL PASO TX 79998-2238  
 (address filed with court: Bank Of America, Attn: Bankruptcy, Po Box 982238, El Paso, TX 79998)  
 27251183 +Barclays Bank Delaware, Attn: Correspondence, Po Box 8801, Wilmington, DE 19899-8801  
 27251185 +Citi, Attn: Bankruptcy, Po Box 6241, Sioux Falls, SD 57117-6241  
 27251189 +Keynote Consulting, Inc., 220 West Campus Drive, Suite 102, Arlington Heights, IL 60004-1498  
 27251190 +LaGrange Hospital, Att: Billing, 5101 Willow Springs Rd, La Grange, IL 60525-2600  
 27251191 +LendingClub, Attn: Bankruptcy, 71 Stevenson St, Ste 1000, San Francisco, CA 94105-2967  
 27251192 +Mercury/fbt, Po Box 84064, Columbus, GA 31908-4064  
 27251194 +Navient, Attn: Bankruptcy, Po Box 9000, Wiles-Barr, PA 18773-9000  
 27251196 Target, Target Card Services, Mail Stop NCB-0461, Minneapolis, MN 55440  
 27251197 +US Dept of Ed/Great Lakes, Attn: Bankruptcy, Po Box 7860, Madison, WI 53707-7860  
 27251198 +Visa Dept Store/Macy's, Attn: Bankruptcy, Po Box 8053, Mason, OH 45040-8053

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.

27251180 +E-mail/Text: bk@avant.com Oct 31 2018 02:29:38 Avant, Attn: Bankruptcy, Po Box 9183380, Chicago, IL 60691-3380  
 27251182 +E-mail/Text: bknotices@bankofthewest.com Oct 31 2018 02:28:47 Bank Of The West, Attn: Bankruptcy, 180 Montgomery Street 25th Floor, San Francisco, CA 94104-4206  
 27251184 +E-mail/PDF: AIS.cocard.ebn@americaninfosource.com Oct 31 2018 02:25:46 Capital One, Attn: Bankruptcy, Po Box 30285, Salt Lake City, UT 84130-0285  
 27251186 +E-mail/Text: BNC-ALLIANCE@QUANTUM3GROUP.COM Oct 31 2018 02:27:29 Comenity Bkl/Ulta, Attn: Bankruptcy Dept, Po Box 182125, Columbus, OH 43218-2125  
 27251187 +E-mail/PDF: creditonebknotifications@resurgent.com Oct 31 2018 02:25:17 Credit One Bank, Attn: Bankruptcy, Po Box 98873, Las Vegas, NV 89193-8873  
 27251193 +E-mail/Text: mmrgbk@miramedrg.com Oct 31 2018 02:28:22 Miramed Revenue Group, Attn: Bankruptcy, 360 East 22nd Street, Lombard, IL 60148-4924  
 27251195 +E-mail/Text: recovery@paypal.com Oct 31 2018 02:26:47 PayPal, Att Bankruptcy, 2211 N. 1st St, San Jose, CA 95131-2021

TOTAL: 7

\*\*\*\*\* BYPASSED RECIPIENTS (undeliverable, \* duplicate) \*\*\*\*\*

27251188\* +Credit One Bank, Attn: Bankruptcy, Po Box 98873, Las Vegas, NV 89193-8873

TOTALS: 0, \* 1, ## 0

Addresses marked '+' were corrected by inserting the ZIP or replacing an incorrect ZIP. USPS regulations require that automation-compatible mail display the correct ZIP.

Transmission times for electronic delivery are Eastern Time zone.

Addresses marked '++' were redirected to the recipient's preferred mailing address pursuant to 11 U.S.C. 342(f)/Fed.R.Bank.PR.2002(g)(4).

**I, Joseph Speetjens, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.**

**Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed. R. Bank. P. 2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.**

Date: Nov 01, 2018

Signature: /s/Joseph Speetjens

**CM/ECF NOTICE OF ELECTRONIC FILING**

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on October 29, 2018 at the address(es) listed below:

David H Cutler on behalf of Debtor 1 Jennifer M Moser cutlerfilings@gmail.com,  
 r48280@notify.bestcase.com  
 Patrick S Layng USTPRegion11.ES.ECF@usdoj.gov

TOTAL: 2